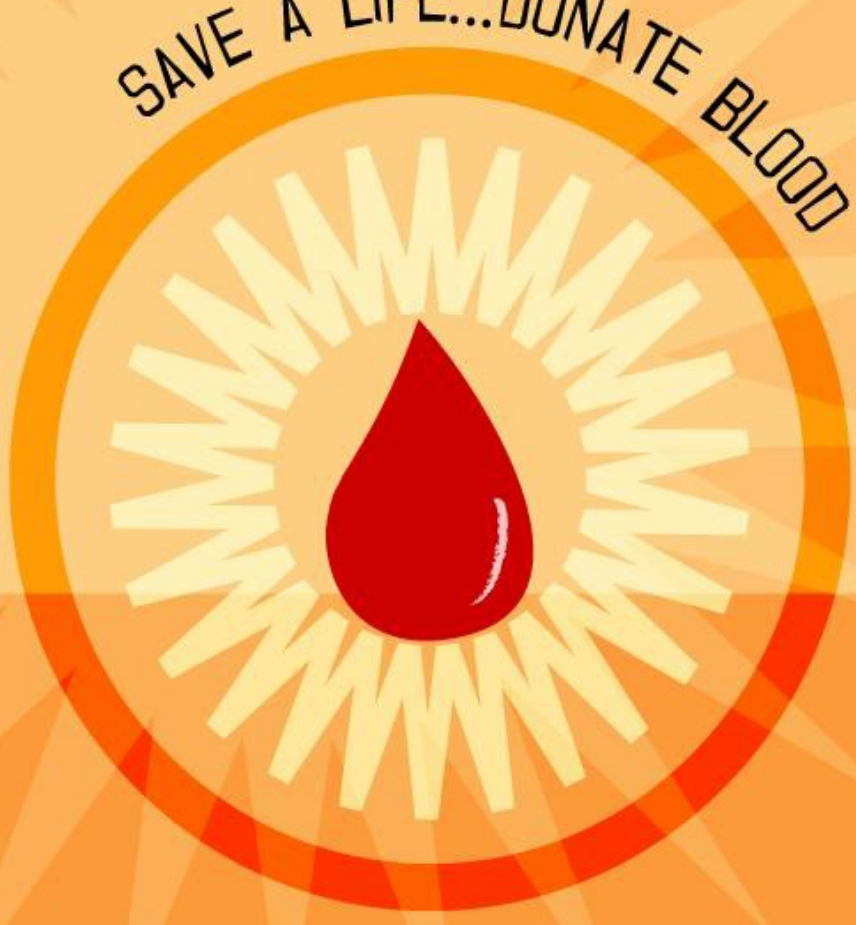
YOUR BLOOD DONATION WILL BRIGHTEN SOMEONE'S DAY.

- _____ **Blood Drive**
- **Day, Month, Year**
- **Time - Time**
- **Location**
- **Call _____ at phone # for details**



ASBP
Armed Services Blood Program